

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38132

State File No.

FILED DEC 15 1952

REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 88

3290
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>dade</u>	
b. CITY OR TOWN <u>lockwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>lockwood mo. 0270</u>	
c. LENGTH OF STAY (in this place) <u>yes</u>		d. STREET ADDRESS (If rural, give location) <u>h. main st.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>h. main st</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ETTA</u> b. (Middle) <u>STURMAN</u> c. (Last) <u>STURMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 2, 1952</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 10, 1872</u>
9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR: Months <u>9</u> Days <u>22</u> IF UNDER 1 MO. Hours <u></u> Mts. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>house wife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Wade Co. mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jessie Cartwright</u>		13b. MOTHER'S MAIDEN NAME <u>Judith Sweeney</u>	
14. NAME OF HUSBAND OR WIFE <u>Frank Sturman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Frank Sturman</u>		ADDRESS <u>lockwood</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-1-1952</u> to <u>12-3-1952</u> that I last saw the deceased alive on <u>12-3-1952</u> , and that death occurred at <u>7:30pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. D. Combs M.D.</u> (Degree or title)		23b. ADDRESS <u>lockwood mo</u>	
23c. DATE SIGNED <u>12-3-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 5, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>lockwood</u>		24d. LOCATION (City, town, or county) (State) <u>lockwood mo</u>	
DATE REC'D BY LOCAL REG. <u>12-8-52</u>		REGISTRAR'S SIGNATURE <u>J. C. Canada</u> 478-6	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Allison</u>		ADDRESS <u>lockwood mo</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.